

UNITED SQUARE DANCERS OF AMERICA

APPLICATION FOR AFFILIATE MEMBERSHIP

The _____
(name of organization)

representing dancers in _____
(state, area, region)

hereby applies for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. (USDA).

We are a State _____ Region _____ Area _____ organization.

We represent _____% of the dancers in our state.

Our voting members are: (check appropriate space/s)

_____ Individual dancers
_____ Associations, Federations, Councils, etc.
_____ Clubs

We represent: (give number in each space)

_____ Individual dancers
_____ Associations, Federations, Councils, etc.
_____ Clubs

We are a non-profit organization: _____ Yes _____ No

Pursuant to USDA Standing Rule #3, we understand that we qualify for one of the following: (check applicable space)

Dues	Directors	Votes
_____ \$100	4	4
_____ \$75	3	3
_____ \$50	2	2
_____ \$25	1	1

Signed _____ Date _____
(President)

Signed _____ Date _____
(Secretary)

Return completed application to the Vice President of the region from which application originated together with copies of the following applicant's documents:

_____ Resolution (USDA Form 001) _____ Articles of Incorporation (if any)
_____ Constitution (if any) _____ ByLaws and Standing Rules
_____ Check for Dues _____ Map showing organizational boundaries
_____ Roster of Organization Officers and Delegates to USDA Board of Directors.
(Include names, addresses, city, state, zip, area code, phone numbers & Email)

UNITED SQUARE DANCERS OF AMERICA

RESOLUTION

Whereas; The members of the _____
(name of organization)

(hereafter called "THE ORGANIZATION") has voted to apply for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. (USDA) and now, therefore, be it

Resolved; That THE ORGANIZATION does herewith submit its application for Affiliate Membership in the UNITED SQUARE DANCERS OF AMERICA, INC. and

Resolve; That THE ORGANIZATION agrees to abide by the ByLaws and Standing Rules of the UNITED SQUARE DANCERS OF AMERICA, INC. as written or as may be amended.

Signed _____
(President)

Date _____

Signed _____
(Secretary)

Date _____

ENTER YOUR AFFILIATE NAME ON THE ABOVE LINE

To help us keep our records up to date you must complete and return this form along with your membership dues payment. Please make a copy of this form to update us after your election of officers. (This form is also available on the USDA web site under About USDA, then Documents.) Thanks for your cooperation.

Official Affiliate Web Page _____

Month you elect officers: _____. # of Clubs & Dancers in your Organization? Clubs: _____

Dancers: _____

PLEASE PRINT OR TYPE

President					Telephone		
Address					Fax		
City	State		Zip		Email		
1st Vice President					Telephone		
Address					Fax		
City	State		Zip		Email		
2nd Vice President					Telephone		
Address					Fax		
City	State		City		Email		
Secretary					Telephone		
Address					Fax		
City	State		Zip		Email		
Treasurer					Telephone		
Address					Fax		
City	State		Zip		Email		
Contact for Insurance Matters					Telephone		
Address					Fax		
City	State		Zip		Email		
Your Publication Name							
Editor					Telephone		
Address					Fax		
City	State		Zip		Email		

Your Dues cannot be processed without this sheet. Submitted BY: _____